

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46050
STATE FILE NUMBER
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12139

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Advance		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Incarinate Word Hospital INSTITUTION		Length of stay in lb 3 days	d. STREET ADDRESS 3		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Middle Alberta Last Lewis			4. DATE OF DEATH December 17, 1957 Month December Day 17 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 7, 1901	9. AGE (In years last birthday) 56 IF UNDER 1 YEAR: Months 56 Days 56 Hours 56 Min. 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Libertyville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Albert Smith		13b. MOTHER'S MAIDEN NAME Elizabeth Belken		14. NAME OF HUSBAND OR WIFE Charles W. Lewis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Borothy Funkhouser, 3710 Greenwood	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer Head of Pancreas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 157X DUE TO (c) 157X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 12 Month, Day, Year 12/17/57 a.m. 12 p.m. 12					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12/10/57 to 12/17/57 and last saw her alive on 12/16/57 . Death occurred at 12/17/57 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John H. Hoppe, MD (Degree or title)		22b. ADDRESS 2816		22c. DATE SIGNED 12/17/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-17-57		23c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Cemetery	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		23d. LOCATION (City, town, or county) Advance, Mo.		23e. DATE RECD. BY LOCAL REG. DEC 17 57	
24. REGISTRAR'S SIGNATURE Carl Smith MD					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4108
P. O. Address: _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting. I-31
If this body is not embalmed, fact should be so stated above.